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BOSTON UNIVERSITY

SCHOOL OF SOCIAL WORK

FOLLOW-UP STUDY OF SEVENTY-ONE PREGNANT WOMEN SUSPECTED OF HAVING TUBERCULOSIS AS KNOWN TO THE PRENATAL CLINIC OF THE BOSTON CITY HOSPITAL BETWEEN AUGUST 1, 1940 AND JULY 31, 1941

A Thesis

Submitted by

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INTRODUCTION.

CHAPTER I.

INTRODUCTION.

This study is a part of a larger study being made by Dr. Theodore L. Badger, and his associates, at the Boston City Hospital, on "Tuberculosis In The Course Of Pregnancy." Dr. Badger states that the purpose of his research is fourfold:

1. To record the incidence of tuberculosis in pregnant women, in a cross section of the population, as seen in the prenatal clinic of the Boston City Hospital.

2. To note the influence, if any, that the course of pregnancy may have on pulmonary tuberculosis; as observed in the prenatal, and the post partum, periods.

3. To determine, if possible, what is the proper conduct of pregnancy, when it occurs in the tuberculosis patient.

4. To undertake a project in preventive medicine, for the control of tuberculosis in young mothers, and in their children.

A. Scope:

During the first year of the study, 1,450 patients had chest X-rays. On the basis of the findings of these X-rays, those patients were selected who needed further study. Of the total of 1,450 patients, 1,379 either have been eliminated from the group as being in need of no further investigation, or who have completed the necessary study. This leaves 71 patients who have suspicious-looking X-rays, and who have not completed the study necessary to be able to establish, or to be able to rule out, tuberculosis.

Each of these 71 patients had one routine, and two special

letters, requesting either that she return for further study, or that she notify Dr. Badger that she does not plan to return. Three patients replied that they were unable to come in at that time. No replies were received from the others, and, in some instances, the letters were returned because the patients had moved, and could not be located.

B. Purpose:

This medical social study was undertaken so as to find out why 71 patients failed to complete the medical study, and how effective medical social work was in securing their cooperation.

It is to be hoped that the findings recorded in this study may be helpful to other people, those who are engaged, or who may engage, in researches which are dependent for their success on the cooperation of patients.

C. Method:

Data were gathered from the following sources:

1. Clinic follow-up cards, filled out by a medical-social worker at the patient's first prenatal clinic visit; with additional notes taken when anything of significance occurred.
2. Medical records.
3. Social Service Index.
4. Medical-social records of patients, or of members of patients' families, who have been known to the Social

Service Department of Boston City Hospital at any time.

5. Interviews with all 71 patients.

A schedule was filled out, and analysis of the material made.[1] A visit, to the address given by the patient at the time of her application for prenatal care, was the starting point for interviews with this group of patients. Twenty-eight of them had moved. Through the local post-office and the Social Service Index, 21 women were located at their new addresses. No effort was made, however, to locate them through neighbors or through local stores, as it was felt that this might arouse curiosity about the patient, and thus make her antagonistic toward the hospital. Seven patients could not be located.

This study, then, is based upon the findings from 64 cases.

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1 See copy of Schedule in Appendix.

CHAPTER II.

DESCRIPTION OF 64 PATIENTS.

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DESCRIPTION OF 64 PATIENTS

The following chapter is devoted to a discussion of certain social and medical data, regarding 64 women who are suspected of having tuberculosis during pregnancy. Only such data were collected as seemed to have significance to the primary objectives of this study, that is, pregnancy, tuberculosis, and discontinuance of medical care. The material comes from an analysis of the schedules, and is presented in the form of four tables, five charts, and five graphs, with their interpretations.

A. Personal Data:

Sixty-two patients were married, and two were single. five were separated from their husbands at the time that the study was made but, presumably, the husbands were the fathers of the coming infants. Sixty patients were white, and four were Negro.

Some idea of the geographical location of these patients at time of birth, will be gained from Table I.

TABLE I.

BIRTHPLACE OF PATIENTS.

Birthplace of patients.	No. of patients.
Massachusetts	51
United States (outside of Massachusetts).	5
Outside of the United States	8
TOTAL	64

Of the eight patients born outside of the United States as shown in Table I, four were born in Ireland, one in England, two in Canada, and one in Italy. The fact that 51 patients were born in America, and seven of the eight foreign-born patients came from countries where the English language is spoken, means that their language barrier was not a handicap in their understanding medical recommendations and insturctions. The Italian-born patient, who spoke broken English, did not understand clinic procedure.

We can see by Graph I the wide range in the ages of these women, which varied from 17 to 44 years. The ages of the 22 women who had no living children ranged from 19 to 33 years. It is impossible to make any statements regarding the maturity of these women since there are so many factors, other than chronological ages, which enter into the situation.

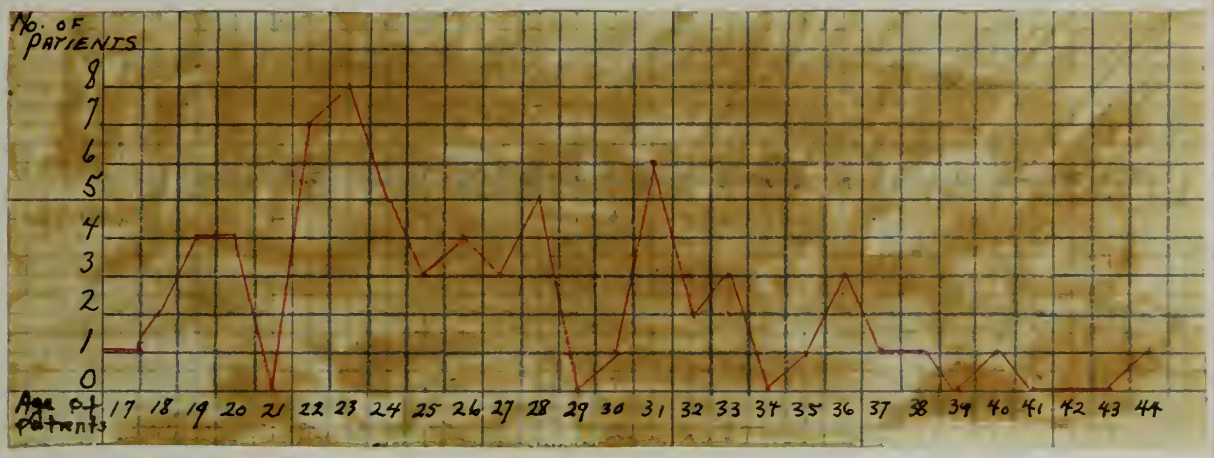
Graph II shows the wide range in the ages of the husbands of these women, who, as a rule, were older than their wives.

B. Family Group

The family group includes patients who have husbands, and patients who have no husbands, but who have other children. This excludes one case from the group, a single woman, living alone, who was having her first illegitimate

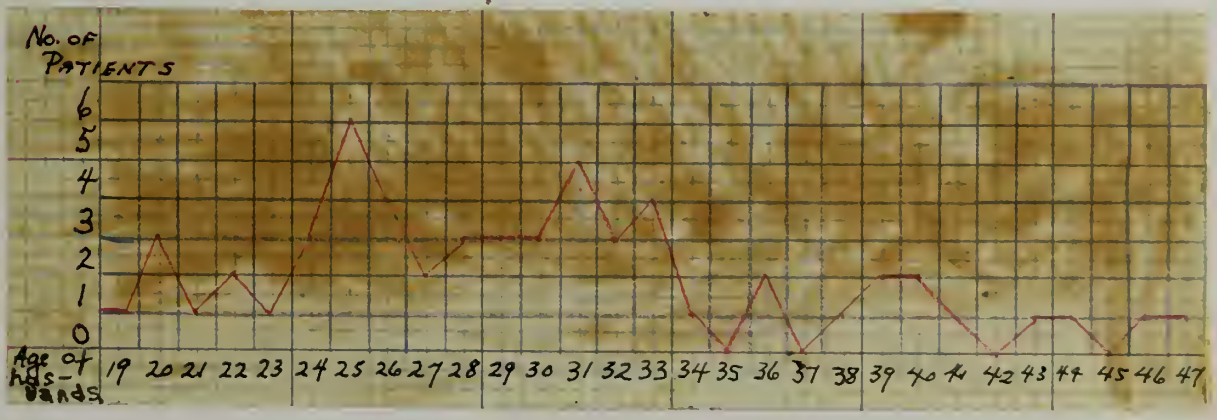
GRAPH I

PATIENTS' AGES WHEN THEY APPLIED FOR PRENATAL CARE



GRAPH II

AGES OF PATIENTS' HUSBANDS



child. The status of all families is considered as of the period during which the patient was under medical care.

TABLE II

NUMBER OF LIVING CHILDREN IN 63 FAMILIES

Number of Children.	Number of families.
0	22
1	11
2	13
3	7
4	4
5	4
6	1
8	1
TOTAL	63

From Table II, it may be seen that the most common number of children, per family, is two. This is to be expected when it is known that the majority of these couples were between the ages of 20 and 30. This suggests that most of them may have been married only a short time, and were just starting

their families. On the other hand, it might indicate that these people are having planned pregnancies. Date on the number of years that the couples were married, and the fertility of the individuals, would be needed before a conclusion could be reached. Because of home responsibilities, the 40 women, with children, might have found clinic attendance difficult. This is a possible factor in any premature discontinuance of medical study.

C. Economic Situation

Incomes of families came from public, and private, assistance, and from private employment. Three cases were dependent upon relatives for support. The majority of the husbands were employed in private industry as laborers, or in semi-skilled occupations. Budgets were figured, as it seemed that the incomes were low. A marked budget deficiency would indicate that these families might have more health problems because it would be impossible for them to secure adequate food. Budgets were figured on a minimum basis, and included: food, rent, fuel, light, clothing, and personal equipment, carfare, household supplies, health, church, education, recreation, and insurance.[2] The minimum budget is one on which adequate nourishment can be secured, only with careful buying, and no waste. Six cases were omitted from

2 Community Health Association, Guide for Estimating the Minimum Family Budget, Boston, June, 1941.

Chart I, because: three families were dependent upon relatives and had no income; budget could not be estimated for one family, as maintenance was a part of the patient's salary, and her children were placed by the State; budget could not be estimated in another family, as there was no income, due to husband's being on strike; and one patient was so non-cooperative that financial data could not be secured. Therefore budgets are estimated on the 58 remaining cases. The income is given as it was at the time of the home visit.

Charts I and II show that 38 of the 58 families had budgets below the minimum standard. The largest deficiency was in a family of ten, whose deficit was $19.65. It is interesting to find that this family had not been registered with the Social Service Index. Seven families' budgets were less than a dollar, under or over the minimum budget. If the budgets for these families were estimated on an average one, in which strict economy was not necessary, they would show a deficiency. The lack of sufficient income is particularly significant when one considers that these women need additional food during pregnancy, and that, as tuberculosis 'suspects', they need a good nourishing diet.

Since most of the men are employed in unskilled jobs, the incomes probably will remain fairly constant. Therefore, as the number of children in these families increase, standards of living probably will be lowered.

It is clear from Chart I, that all of these women needed

CHART I

INCOMES AND BUDGETS OF 58 FAMILIES

CASE NO.	NO. OF ADULTS	NO. OF CHILD	SOURCE OF INCOME	AM'T OF INCOME	MINIMUM BUDGET	DEFI-CIENCY IN IN-COME
1	2	8	Priv. Empl.	$28.00	$47.65	$19.65
2	2	5	Public Ass.	$13.20	$31.51	$18.31
3	2	4	Public Ass.	$13.20	$28.97	$15.77
4	2	5	Priv. Empl.	$15.00	$30.72	$15.72
5	2	4	Public Ass.	$15.00	$29.11	$14.11
6	2	3	Priv. Empl.	$14.00	$26.41	$12.41
7	2	5	Public Ass.	$21.00	$33.36	$12.36
8	2	5	Priv. Empl.	$20.00	$31.96	$11.96
9	2	2	Public Ass.	$10.21	$20.90	$10.69
10	2	6	Priv. Empl.	$24.00	$34.67	$10.67
11	2	1	Public Ass.	$10.63	$21.23	$10.60
12	2	2	Public Ass.	$13.20	$23.76	$10.56
13	1	2	Public Ass.	$10.00	$20.56	$10.56
14	2	0	Public Ass.	$10.00	$21.21	$10.21
15	2	3	Priv. Empl.	$21.00	$30.11	$ 9.11
16	2	1	Priv. Empl.	$12.00	$21.01	$ 9.01
17	2	1	Public Ass.	$15.00	$22.97	$ 7.97
18	2	2	Priv. Empl.	$17.00	$24.76	$ 7.76

CHART I

(Continued)

CASE NO.	NO. OF ADULTS	NO. OF CHILD	SOURCE OF INCOME	AM'T OF INCOME	MINIMUM BUDGET	DEFICIENCY IN INCOME
19	2	0	Priv. Empl.	$12.00	$19.65	$ 7.65
20	2	1	Priv. Empl.	$15.00	$22.49	$ 7.49
21	2	4	Priv. Empl.	$20.00	$27.42	$ 7.42
22	2	1	Public Ass.	$13.20	$20.16	$ 6.96
23	2	2	Public Ass.	$13.20	$19.92	$ 6.72
24	2	0	Public Ass.	$13.20	$19.80	$ 6.60
25	1	2	Public Ass.	$ 8.63	$15.96	$ 6.33
26	2	0	Public Ass.	$13.30	$19.05	$ 5.85
27	2	2	Priv. Empl.	$13.50	$18.30	$ 4.80
28	2	1	Priv. Empl.	$12.00	$16.72	$ 4.72
29	1	0	Public Ass.	$ 8.00	$10.47	$ 4.47
30	2	0	Priv. Empl.	$12.00	$17.99	$ 3.90
31	2	0	Priv. Empl.	$22.18	$25.80	$ 3.62
32	2	0	Priv. Empl.	$17.00	$20.36	$ 3.36
33	2	0	Priv. Empl.	$15.00	$18.35	$ 3.35
34	2	4	Priv. Empl.	$25.00	$28.16	$ 3.16
35	2	4	Priv. Empl.	$25.00	$28.16	$ 3.16
36	2	2	Public Ass.	$22.00	$25.01	$ 3.01
37	1	2	Public Ass.	$11.35	$14.32	$ 2.97

CHART I

(Continued.)

CASE NO.	NO. OF ADULTS	NO.OF CHILD	SOURCE OF INCOME	AM'T OF INCOME	MINIMUM BUDGET	DEFICIENCY IN INCOME
38	2	2	Priv. Empl.	$22.00	$24.02	$ 2.02
39	2	1	Priv. Empl.	$17.00	$19.36	$ 2.00
40	2	3	Priv. Empl.	$13.50	$15.22	$ 1.72
41	2	2	Priv. Empl.	$16.00	$17.72	$ 1.72
42	2	4	Priv. Empl.	$29.63	$30.77	$ 1.14
43	2	0	Priv. Empl.	$22.00	$22.20	$ 0.20
44	2	0	Priv. Empl.	$18.00	$18.40	$ 0.40
45	2	0	Priv. Empl.	$19.00	$19.40	$ 0.40
46	2	0	Priv. Empl.	$21.00	$20.50	none
47	2	1	Priv. Empl.	$19.00	$18.73	none
48	2	3	Priv. Empl.	$30.00	$29.26	none
49	2	2	Priv. Empl.	$26.00	$25.81	none
50	2	0	Priv. Empl.	$23.00	$22.05	none
51	2	0	Priv. Empl.	$21.00	$18.77	none
52	2	0	Priv. Empl.	$17.00	$14.71	none
53	2	0	Priv. Empl.	$22.00	$18.55	none
54	2	3	Priv. Empl.	$25.00	$22.31	none
55	2	1	Priv. Empl.	$25.00	$20.21	none
56	2	2	Priv. Empl.	$30.00	$24.01	none
57	2	0	Priv. Empl.	$26.00	$19.80	none
58	2	4	Priv. Empl.	$40.00	$32.01	none

CHART II

DEVIATION OF INCOMES AND BUDGETS FROM
MINIMUM STANDARDS OF 58 FAMILIES

INCOMES								
$40.00					1			
$35.00								
$30.00				1	1			
$25.00		1	2	1	1			1
$20.00		2	4	3	4			
$15.00	1	6	4	2	1			
$10.00		11	7	1	1			
$ 5.00	1.	1	.					
	$10.	$15.	$20.	$25.	$30.	$35.	$40.	$45.
ESTIMATED BUDGETS								

free medical care, and could not have afforded a private physician, or even a pay clinic.

D. Housing:

Graph III shows the geographical location of the homes of the patients. The two cases from Somerville, and the one from Brookline, were eligible for care because they had Boston settlements. The fact that the patients lived in all sections of the city, would seem to indicate that the location of the hospital was not one of the chief reasons for the patient's choice of place at which to get medical care.

Chart III shows the housing conditions of these patients. The housing conditions would seem to be significant, in this study, because of the effect of poor living conditions upon health. The writer used the following definitions[3] in Chart III.

Bath:

Houses equipped with a separate toilet and bath-tub.

Floor:

Specifies the floor which the family occupied. (None of the houses were equipped with elevators.)

Outside Play Space

A yard, or a place outside the house, where children

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3 Definitions, and technical information on housing, were secured from Mr. Calvin Yuill, of the Boston Housing Association.

may play, and where mothers can leave their babies to sleep in the sunlight.

State of Repair:-

Poor - Refers to a dwelling in a run-down condition, with necessary repairs neglected, so that it inconveniences the family. An example of this type of dwelling is one where window panes are not replaced, which makes the home cold and draughty.

Fair - Refers to dwellings which are in need of external repair, such as paint, but which have not been neglected to the extent that the residents are made physically uncomfortable.

Good - Refers to dwellings which are in a good state of repair, both internally and externally.

Type:-

Refers to any sort of residence, whether it be a tenement, or apartment, house, or a room in a lodging-house. In the Boston Housing Laws, there is no definition of an apartment. Legally there are only houses and tenements.

For the purposes of this study, an apartment is defined as being a suite of rooms located in a building which is equipped with a central heating plant.

Chart III includes only families who had homes by themselves. Eleven cases have been omitted from Chart III. Ten of these were omitted because they lived with relatives, and paid

GRAPH III

GEOGRAPHICAL DISTRIBUTION OF CASES

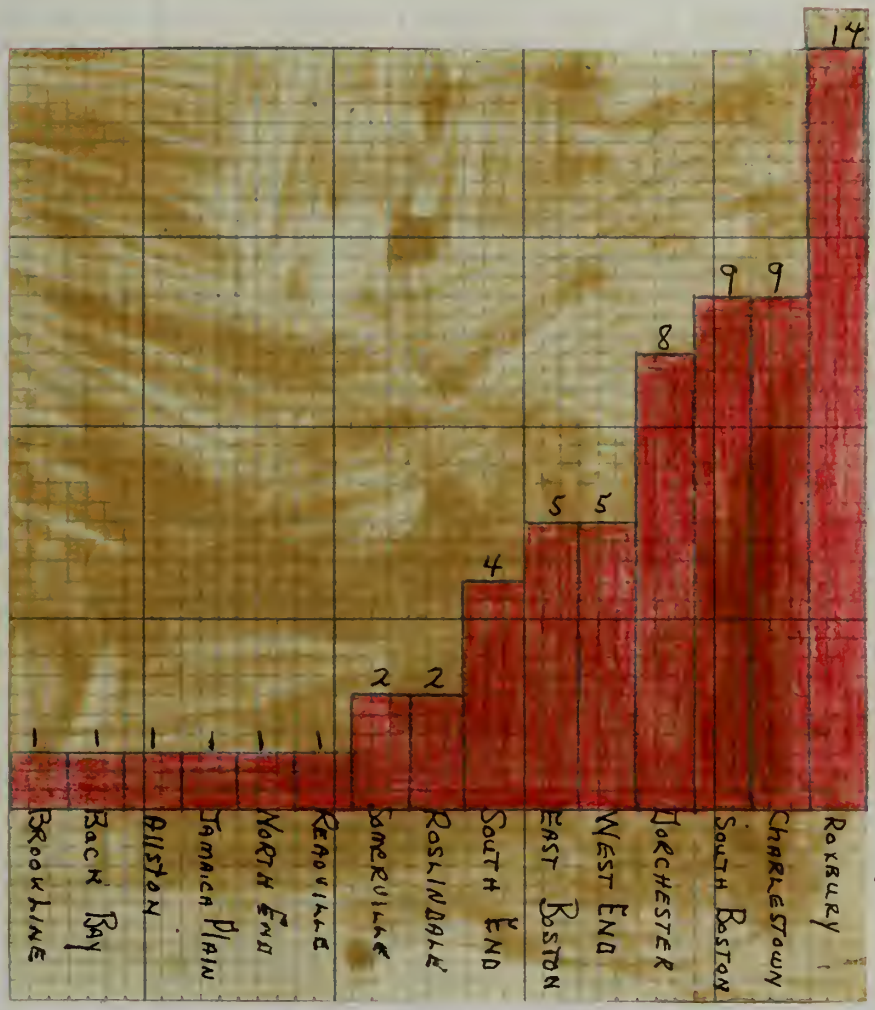


CHART III.

HOUSING OF 53 PATIENTS.

District	No. of people.	No. of rooms.	Bath	Floor	Outside play space.	State of repair	Type.
Back Bay	3	1	no	3rd	no	fair	lodge ho.
Charles-town	8	5	yes	2nd	no	fair	tenement
Charles-town	3	3	yes	2nd	no	poor	2 fam.ho.
Charles-town	2	2	no	1st	no	poor	2 fam.ho.
Charles-town	3	3	no	2nd	no	fair	tenement
Charles-town	2	3	yes	1st	no	poor	tenement
Charles-town	2	3	no	1st	no	fair	apart.
Charles-town	2	2	no	1st	no	fair	tenement
Dorches-ter	2	3	yes	1st	yes	fair	tenement
Dorches-ter	2	3	yes	1st	yes	fair	tenement
Dorches-ter	5	5	yes	2nd	no	fair	tenement
Dorches-ter	3	4	yes	2nd	yes	fair	tenement
Dorches-ter	5	4	no	1st	no	poor	tenement
Dorches-ter	3	3	no	1st	no	poor	tenement
East Boston	4	2	no	2nd	no	poor	tenement
East Boston	4	4	yes	2nd	no	fair	tenement
East Boston	2	4	no	1st	no	fair	tenement

CHART III.
(Continued.)

District	No. of people.	No. of rooms.	Bath	Floor	Outside play space	State of repair	Type.
East Boston	7	5	yes	2nd	no	fair	tenement
Jamaica Plain	7	5	yes	2nd	no	poor	tenement
North End	7	5	no	2nd	no	poor	tenement
Read-ville	2	3	no	2nd	yes	poor	tenement
Roslin-dale	5	3	yes	1st	yes	fair	2 fam.ho.
Roslin-dale	4	5	yes	2nd	yes	fair	3 fam.ho.
Roxbury	1	1	no	1st	no	poor	lodg.ho.
Roxbury	3	1	no	2nd	no	poor	tenement
Roxbury	2	3	yes	5th	no	fair	apart.
Roxbury	5	4	no	2nd	no	poor	tenement
Roxbury	3	4	no	3rd	no	fair	tenement
Roxbury	3	3	no	1st	no	poor	tenement
Roxbury	7	4	no	1st	no	poor	tenement
Roxbury	2	3	yes	1st	yes	good	apart.
Roxbury	3	3	no	1st	no	poor	tenement
Roxbury	4	5	yes	2nd	no	fair	apart.
Roxbury	4	5	yes	2nd	no	fair	tenement
Somer-ville	4	3	no	2nd	yes	poor	2 fam.ho.
Somer-ville	6	6	yes	2nd	no	fair	2 fam.ho.
South Boston	2	3	no	2nd	no	poor	tenement
South Boston	2	4	no	2nd	no	poor	tenement

CHART III

(Continued.)

DISTRICT	NO. OF PEOPLE	NO. OF ROOMS	BATH	FLOOR	OUTSIDE PLAY SPACE	STATE OF REPAIR	TYPE
SOUTH Boston	2	3	no	1st	no	fair	3 fam.ho.
South Boston	4	4	no	2nd	no	poor	2 fam.ho.
South Boston	6	5	no	1st	no	fair	tenement
South Boston	6	4	no	1st	no	poor	2 fam.ho.
South Boston	2	2	no	3rd	no	fair	tenement
South Boston	5	6	yes	2nd	no	good	apart.
South Boston	10	9	yes	house	yes	fair	house
South End	3	4	no	3rd	no	fair	tenement
South End	3	5	yes	2nd	no	fair	tenement
South End	2	3	yes	1st	no	fair	tenement
West End	4	4	no	2nd	no	poor	tenement
West End	2	4	yes	2nd	no	good	tenement
West End	4	3	yes	3rd	no	good	tenement
West End	6	4	yes	1st	no	poor	tenement
West End	3	4	no	2nd	no	poor	tenement

GRAPH IV

MONTH IN WHICH PATIENT HAD PRENATAL EXAMINATION

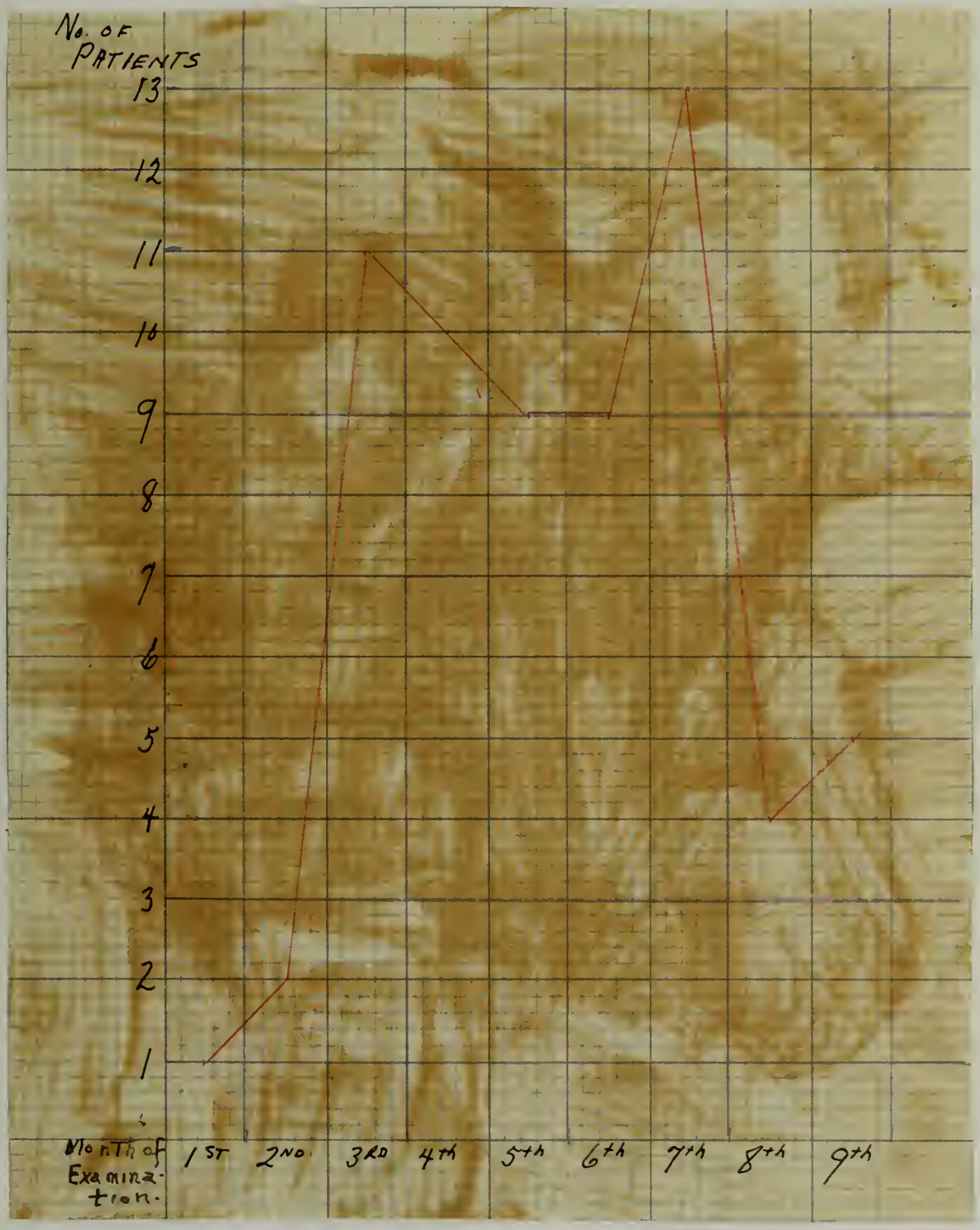


CHART IV

HOUSING OF TEN FAMILIES WITH RELATIVES

DISTRICT	NO. OF PEOPLE	NO. OF ROOMS	BATH	FLOOR	OUTSIDE PLAY SPACE	STATE OF REPAIR	TYPE
Allston	6	4	yes	2nd	no	poor	tenement
Charles-town	4	6	yes	1st	yes	good	house
Charles-town	3	8	yes	house	no	good	2 stor. ho.
Dorches-ter	9	7	yes	2nd	yes	good	3 fam. ho.
Dorches-ter	un-known	5	yes	2nd	yes	good	2 fam. ho.
East Boston	5	2	no	1st	no	good	rooms in house
Roxbury	6	3	no	1st	no	poor	tenement
Roxbury	4	4	yes	1st	no	fair	tenement
Roxbury	6	5	yes	3rd	yes	good	3 fam. ho.
South End	3	1	no	2nd	no	poor	lodge. ho.
TOTAL CASES 10							

room and board, and one, because she was employed as a maid, and her maintenance was included in her wage.

Three of the ten families living with relatives, were dependent upon them for support. The remaining seven families paid board, and lived with relatives for some other reasons, such as physical illness.

One outstanding feature, noted in both Charts III and IV, is the lack of outside play space. Thus, 50 out of 60 families had none, which is important, since 40 of the families have children, and each family expected another child. Forty-nine per cent of the families had bath-tubs. Study of the situation showed an average of one room per person, namely: the standard set by the Boston Housing Association. This indicates that these families do not live in overcrowded dwellings. However, many of the families are unable to use all of their rooms during the winter months, due to the lack of heating facilities, so that they may have four rooms, but may be living in only two of them. This point is an important one to consider, since all of these women were tuberculosis 'suspects.' The possibility of other members of the family becoming infected might be said to be greater, as a result of the crowded living arrangements during the winter months, especially as space, per person, would be reduced with the birth of the child to come.

Of the 40 women who had had previous deliveries, only seven had had home deliveries. It seems possible that the small num-

TABLE III

TEN PATIENTS WHO HAD MEDICAL COMPLICATIONS DURING PREGNANCY

DIAGNOSIS	NO. OF PATIENTS
Arthritis	1
Rheumatic Heart	1
Chorea	1
Mitreal Stenosis	1
Pneumonia	1
Varicosities	1
Nephritis	1
TBC Gland	1
Pulmenary Tuberculosis and formerly diagnosed	2
TOTAL	10

ber of home deliveries may have been due to the inadequacy of the housing of patients.

E. Health and Medical Care:

By the time that this study was completed, all of the 64 women had been delivered, and three patients again were pregnant, but had made no arrangements for prenatal care. Table III shows that the largest number of the women had applied for care in the seventh month of pregnancy. Five women did not apply for care until the ninth month. These facts show that there still is a great deal to be done along the lines of health education, with regard to the necessity of having medical care during the entire prenatal period.

The fact that there are other complicating medical problems with pregnancy would make it seem essential for patients to be examined in the early part of pregnancy.

All patients are given an invitation to return to the outpatient department six weeks after delivery, for a post partum check-up. Only 20 of these 64 patients came back for this examination, or less than one-third of the total number. Here, again, may be seen the need of more health education, as well as the significance of having adequate medical supervision during the post partum period.

Fourteen of the 64 patients gave a history of previous contact with a tuberculosis patient. This information proved to be of value to the doctors, who already had looked upon the patients as being tuberculosis 'suspects'.

The status of the medical study of the 64 women under discussion, at the time when this study was begun, has been indicated in Table IV.

TABLE IV.

STATUS OF MEDICAL STUDY, AS OF OCTOBER 1, 1941.

Next Step in Study.	No. of Patients.
Needed further X-rays	30
Needed consultation in thoracic clinic ..	3
Lapsed appointments in thoracic clinic ..	31
TOTAL	64

Naturally the 33 patients who had failed to report to the thoracic clinic would be unaware of the purpose of the X-ray and, therefore, would need more interpretation than would the 31 patients who had attended the clinic. Twenty-three of the patients who needed further X-ray had had only one, and seven of them had had two, or more, X-rays.

F. Services Given by Social Agencies:

Information regarding the services given by social agencies, is based upon the registrations of the Social Service Index. No attempt was made to find out the kind of service which was rendered by the agency.

The agencies were classified, as follows:-

Public Assistance- Boston Public Welfare, Emergency Relief Administration, Industrial Aid Society, State Tempor-

ary Aid, Soldiers' Relief, and Works Progress Administration.

Private Assistance - Family Welfare Society, Catholic Charitable Bureau, Salvation Army.

Health - (including mental health), Community Health Association, Boston City Hospital, Boston Health Department, Boston Lying-In Hospital, Boston Sanitorium, Children's Hospital, Massachusetts General Hospital, Massachusetts State Infirmary, Hull Street Medical Mission, Maverick Dispensary, Middlesex County Sanitorium, Boston Dispensary, Massachusetts Eye and Ear Infirmary, Talitha Cumi Home and Danvers State Hospital.

Child Care - Society for Prevention of Cruelty to Children, Division of Child Guardianship, Ruggles Street Day Nursery, Sunny Side Day Nursery, Girls' Parole, Children's Friend Society and Judge Baker Foundation.

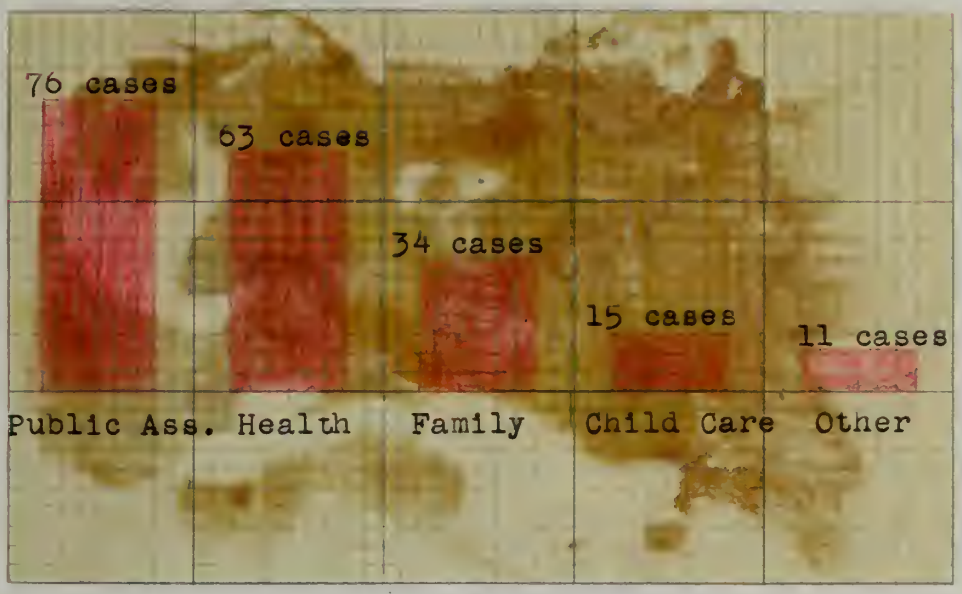
Other Institutions - Legal Aid Society, Traveler's Aid Society, Morgan Memorial, Cooperative Work Rooms, Concord Reformatory, State Farm, and Wrentham State School.

There were 20 families who were not registered with the Social Service Index. Seventy per cent of the 64 families were known to social agencies. This would seem to indicate that the social agencies of Boston are useful to its residents.

Chart V shows what one might expect to find, that the majority of the cases had been known to the public relief agencies, and to health agencies. In the low income groups,

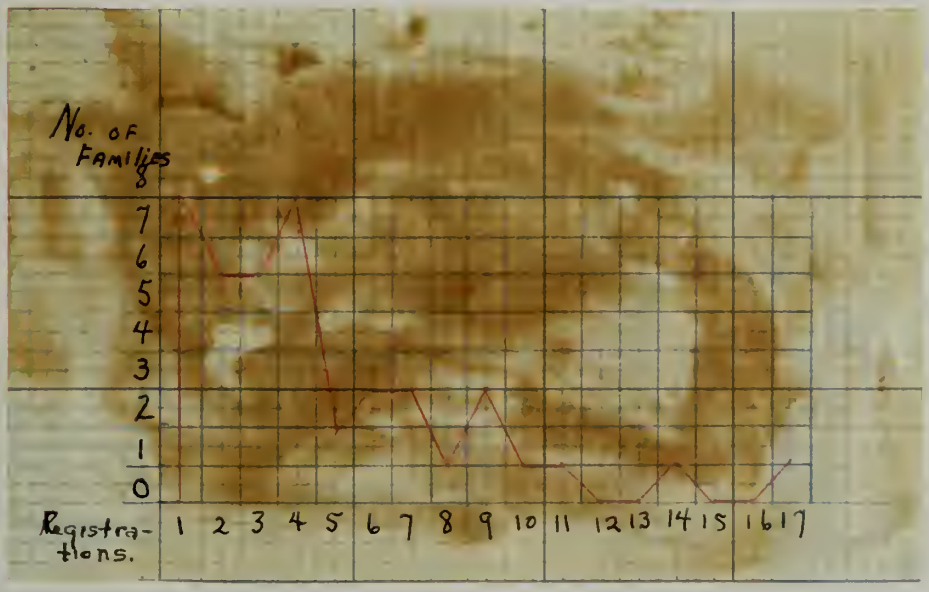
CHART V

TYPES OF SOCIAL AGENCIES AND TOTAL NUMBER OF REGISTRATIONS



GRAPH V

NUMBER OF REGISTRATIONS FOR THE 44 FAMILIES



where men are employed in unskilled, and in semi-skilled work, are found conditions of employment which fluctuate with economic changes so that men frequently have periods during which they are unemployed. Incomes are so small that there are no savings, and families frequently become dependent upon pubic aid until the man secures other employment. Health agencies rank second. It is obvious, in the discussion of incomes, that these families are unable to pay for medical care.

There were eight families known to only one agency, and eight families which were known to four agencies. One case was known to 17 agencies. The average number of agencies to which the familes were known, was four.

F. The Typical Family:

The average family for this group would seem to show the following characteristics: a family of four, composed of two adults and two children. All were born in Massachusetts, white, the man 25 years old, the woman, 23 years old. Weekly income is 20 dollars a week, and the rent for a four-roomed tenement, which has a bath-tub, but no outside play space, is $18.50 a month. The family is known, probably, to about four social agencies.

CHAPTER III.

ANALYSIS OF THE REASONS GIVEN FOR NOT COMPLETING MEDICAL STUDY.

CHAPTER III

AN ANALYSIS OF REASONS GIVEN FOR NOT COMPLETING MEDICAL CARE.

The writer has placed the cases in the following categories for analysis:

I. Difficulties arising out of the hospital-patient situation.

II. Difficulties arising out of pressures of home responsibilities.

III. Difficulties arising out of personal maladjustment to total life situation.

The three categories are set up arbitrarily, and cases are placed under them according to the seemingly predominant difficulty. Some cases might be classified under all categories. Personal emotional maladjustment may have been a factor in all of the cases, but it could not be determined in a single interview. The judgments were made subjectively, by the writer, and then each case was discussed with a medical social worker.

All interviews were begun with an introduction of the worker, followed by the statement that she came to see them because Dr. Badger of the Boston City Hospital wanted to know why they had not completed their studies. The reasons given by the patients were recorded as nearly verbatim as possible.

The fact that 32 percent of the patients had had post partum examinations was shown in Chapter I. Whether or not the patient returned to the post partum clinic for the usual examination is recorded here, and is to be used as an indication of the patient's cooperativeness and interest in following medical recommendations in other areas.

TABLE V.

REASONS WHY 64 PATIENTS FAILED TO COMPLETE MEDICAL CARE.

Reasons for failure.	No. of patients	Percent of patients.
Difficulties arising out of hospital-patient relationship	25	39
Difficulties arising out of pressures of home responsibility	8	12
Difficulties arising out of personal maladjustment to total life situation	31	49
TOTALS	64	100

A. Difficulties Arising Out of the Hospital-Patient Situation:

Twenty-five patients failed to complete medical study because of the hospital-patient situation. Several patients failed to return for the same reason. All of these cases now will be grouped together, for presentation.

1. Cases one to ten:-

Each of these ten patients had several X-rays, and had attended thoracic clinic previous to delivery All

patients stated that they had been told by the doctor, in the thoracic clinic, that they were all right, and need not return. There was no notation on the medical records to confirm, or to deny, their statements. Four of the patients had had post partum examinations, six had not.

2. Cases 11 and 12:

Both of these patients had had two X-rays. They stated that the doctor in the prenatal clinic had told them that their X-rays were all right. Case 11 reported to the post partum clinic, but Case 12 did not.

3. Cases 13 and 14:

These patients had had one X-ray, and had received follow-up letters, asking them to return for another. Both thought that the X-ray procedure was just a part of prenatal care, and ended with delivery. Case 13 reported for post partum examination, but Case 14 did not.

4. Case 15:

This woman changed her plans two weeks before delivery, and arranged for home confinement, through another hospital. She thought that this would excuse her from further X-ray study, as she had understood that the X-ray treatment was a part of routine prenatal care. She changed her plans for her convenience, and not because she had had any difficulty with the hospital.

5. Cases 16 and 17:

These patients had had two X-rays, but had failed to return a second time. They went to the X-ray department for a second X-ray in response to a letter from Dr. Badger. (For the convenience of patients, X-ray requisitions were enclosed with the follow-up letters.) These two patients were confused by the follow-up letters, in which was requested a third X-ray, so they ignored them. Both patients had had post partum examinations.

6. Case 18:

This patient has had three X-rays, and has made one visit to the thoracic clinic. She said, "I had the one X-ray since I delivered my baby, but I didn't see any doctor when I had it." This patient did not understand the follow-up letter, which had asked her to take the enclosed requisition to the X-ray department, and there to have an X-ray, then to report to the thoracic clinic in the following week. She had had a post partum examination.

7. Case 19:

This woman had had one X-ray, and had been requested by letter, to have another. She stated,"I didn't understand the letter I got, so I came in, and asked for Dr. Badger,and they said I couldn't see him,so I went home."

This patient had not had a post partum examination.

8. Case 20:

The patient had had two X-rays before delivery, and was told by the doctor, in the thoracic clinic, to return for a check-up examination, three months later. She said, "I didn't know I had to have another X-ray." She had had an X-ray in the hospital, after which the doctor had told her she was all right. This X-ray was taken by the obstetrical service, as there was some question as to whether she had pneumonia. The doctors in the thoracic clinic did not know about this.

9. Case 21:

This patient was followed monthly, through the thoracic clinic, during the prenatal period. Her response to the follow-up letter, was, "I didn't know I needed another X-ray. The doctor said he'd see me in the hospital, when I had my baby. He didn't come to see me, and I haven't heard from you folks since." She had not received her follow-up letters because she had moved. She had had a post partum examination.

10. Case 22:

This patient had had three X-rays, and had made one visit to the thoracic clinic. A diagnosis of pulmonary tuberculosis was made, and she was advised to return for further medical study. She stated, "I go to the Blossom Street Unit." A nurse, from Health Unit, went

to see her shortly after her visit to the thoracic clinic, to explain that her case was to be followed up by the Health Unit. (It was found that the patient had been reported to the Health Department by the hospital, as a case of tuberculosis.) She had not had a post partum examination.

11. Case 23:

This patient had had only one X-ray, at the time of her prenatal examination, and gave a history of thorocoplasty, at the Boston Sanatorium. The clinic wanted another X-ray, in view of the old history, and more information about past history. She stated," Yes, I had a letter from you, and I came for the X-ray. You know, I go to Whitter Street Health Unit, every three months." She had been followed, regularly, by the health unit, and, for this reason, she thought medical study at the Boston City Hospital was unnecessary. She had not had a post partum examination.

12. Case 24:

This patient had had three X-rays, and had been requested to have an examination in the thoracic clinic. She stated, "I go to the Savin Street Health Unit." She explained that she had been reporting there for two years, as her father had died of tuberculosis, and her mother is now a patient at the Boston Sanatorium. For that reason she thought that she already had had a

post partum examination.

13. Case 25:

The patient had had two X-rays, and had made one visit to the thoracic clinic, during the following week, however, she had failed to keep her appointment. She was still under prenatal care. A gastric analysis for possible tuberculosis, had been advised, but she had failed to keep her appointment. She stated, " I haven't been feeling very well. I don't want to have that tube in me, I might hurt the baby. Besides, I haven't anyone to leave with the little girl." She was a shy, timid person, who was hesitant about asking the doctor to explain the procedure, when he asked her to make an appointment for it. She had had a post partum examination.

From the above, it can be seen why these patients, who have been discussed, failed to complete their medical study. Their reasons are summarized in Table VI.

TABLE VI.

REASONS GIVEN BY 25 PATIENTS, IN CATEGORY ONE, FOR NOT COMPLETING MEDICAL STUDY.

Reasons given.	No. of Patients.
Patients' misunderstanding and confusion regarding next step in medical care	18
Patients' misunderstanding regarding the purpose of the study	3
Hospital's failure to correlate ward and clinic findings, and to record room procedure, with regard to diagnosis	2
Hospital's failure to discover that patient was under other medical care for tuberculosis	2
TOTAL.....	25

From Table VI, it may be concluded that 39 per cent of the 64 patients had failed to complete medical study, because of difficulties arising out of the hospital-patient relationship. The explanation given to these patients regarding chest X-rays, was that it was a routine part of prenatal care. As a result, three patients had concluded that if it were related to prenatal care then it ended with delivery.

If the purpose of the study could have been explained, at the time of the patients' first X-rays, these women might have been less confused as to the next step to be taken in medical

study. But since they had been told that it was a part of their prenatal care, they did not anticipate having to return for any further X-rays, or having to report to any other clinic. If the methods used in studying the patient had been interpreted, it would have been easier for them to understand why it would be necessary to return for an X-ray without seeing a doctor.

The hospital did not explain the purpose of the study as it was felt that these women might be upset over the possibility of their having tuberculosis, and therefore it would be more difficult to secure their cooperation. Of the 64 patients studied, 49 did express some form of anxiety over the medical study. These patients will be discussed under the third category, and it is obvious that they were maladjusted individuals who reacted to other life situations in the same way as they had done toward the medical study. Therefore, in a study of this type, one might expect a certain percentage of the patients to be upset anyway, so that the lack of explanation might add to their anxiety, rather than to detract from it. The clinic also felt that some of the patients might object to being X-rayed, as they might feel that they were being experimented upon. Only two of the 64 patients asked about this, and both accepted the interpretation given, namely: That study of people is the basis for medical progress.

Miss Harriet Bartlett, in a discussion of the problems of follow-up, and cooperative, work with community agencies, offers

a good explanation of the need for follow-up work, she says, in part:

> To have real significance, follow-up must be evaluated in relation to medical and social responsibility for the patient, from the beginning of his care. Is the patient met with consideration and understanding, in the first interview at the admitting office? Does the physician in clinic, or ward, devote to the patient the skill and attention which his case requires for medical diagnosis, and for working out of a socially-adequate plan for treatment? Does the method of clinic and ward management allow for individualization of the patient? Does the patient with special difficulties get to the social worker, and receive from her the particular type of assistance he requires? If these, and similar, conditions of good medical care are met, the patient will take a more active part in his own treatment, and the number of individuals who lapse in attendance will be relatively small. If these are not met, a follow-up system may be inappropriately attempting to fill gaps which never should have existed in the plan for medical care as a whole.[4]

The need of individual consideration for the patient is evident, from the reasons given by these patients for not having completed their medical study. There was no medical social worker attached to the study, and it was impossible for the prenatal clinic worker to discuss the study with each patient in turn.

B. Difficulties Arising out of Pressure of Home Responsibilities

Eight patients failed to come in for X-ray because of pressure of home responsibilities.

1. Case 26:

This patient is a 40 year old Irish woman, mother of

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[4] Harriet Bartlett, Some Aspects of Social Case Work in a Medical Setting, Chicago, Prepared for the committee on Functions, American Association of Medical Social Workers, 1940, p.215.

of two children, who was separated from her husband. She had had one X-ray, but had failed to have a second one, as requested. She stated,"I didn't have anyone to leave the baby with." She agreed to come when it was pointed out that a special appointment could be arranged on a Saturday, when the other children could take care of the baby. She had not had a post partum examination.

2. Case 27;

This was a 22-year old American woman, who had just had her first baby. She had had two X-rays, and had made four visits to the thoracic clinic, where she was told to return after delivery, for examination. She stated,"I'm not sick; I feel all right. I didn't see any point in coming back. I am worried about my baby's foot. I have to take him to a clinic." This woman's interest in her own health problem was overshadowed by her anxiety over her child, who had been born with a foot which turned in. There was no definite diagnosis of club foot, however, and the doctor had told her that the food probably could be straightened by exercise,and by bandaging. She had had no post partum examination.

3. Case 28:

This patient is a 31-year old Newfoundland woman,mother of five children. She had had two X-rays,and needed to have a third. She stated, "It's just pure neglect on my part; I know I should have come in. I was busy with

the children, but that's no excuse." She had had a post partum examination. This woman appeared to be a devoted and conscientious mother, whose whole life was being given over to the welfare of her children.

4. Case 29:

This patient is a 44-year old Irishwoman, who had had one X-ray on the date of her prenatal examination, but had failed to have a second one. She had applied for prenatal care in the ninth month of pregnancy; and had made only two visits to the prenatal clinic before delivery. She stated, "I got your letter but I had an abscess on my breast, and I couldn't make it; then the children all had the 'flu', and then we moved." This patient, obviously, was unable to come to the clinic because she was so tied down to her home by her nine children, whose ages ranged from 15 years to five months. She had not had a post partum examination.

5. Case 30:

This patient is a 20-year old American woman, who had had three X-rays, and had made one visit to the thoracic clinic previous to delivery.

She said, "I couldn't come in as I didn't have anyone to take care of the children, and I was nursing the baby." Special arrangements were made for her to have an examination at a time that would not interfere with the baby's nursing schedule, and that would enable her to come in. She lived in Hyde

Park, and it took her so long to get to the hospital that she was unable to make the trip, to wait to be seen at the clinic, and then to get home in time to nurse the baby. Her husband, who was present during the interview, then arranged for the care of the other children. She did not have a post partum examination.

6. Case 31:

This was a 30-year old American-born woman who, previously, had been a patient in the Boston Sanatorium, and had been followed closely during pregnancy, by the thoracic clinic. She was not attending clinic at the Boston Health Unit. She stated, "I've been trying to get in, but I can't make it on Wednesday, as I have nobody to leave the baby with. Every time I leave it with my husband's relatives, they get drunk. I feel awful: I know I'll have to go to the Sanatorium again, if I don't do something." Facts about her husband's relatives, and about the patient's problem of child care, were verified by the social worker, who had known her during her prenatal period. Arrangements were made for the patient to have an appointment on a Saturday morning, when her husband was at home, and could look after the baby. She had not had a post partum examination.

7. Case 32:

This patient was a 27-year old woman, who had had one X-ray, but did not have a second one. She stated, "I had a

letter from the hospital, but I was too sick to come in. I had hemmorhages, and had to stay in bed most of the time." She went on to explain that she would like to come in, now, if she could come on a Friday,- which was not the clinic day, since she is so tied down with her four young children that is is the only day on which she could come.

8. Case 33:

This is a 23-year old woman who had reported to the thoracic clinic monthly, during her prenatal period. She was advised to return for an examination after her delivery, but she stated, "I go to Whitter Street Health Unit." In response to a question as to how long she had been attending the health unit clinic, she explained that she took the baby to the well baby clinic, and there had consulted the doctor in regard to the advisability of nursing the baby, since she was a tuberculosis 'suspect,' The doctor advised her not to nurse the baby, but to come to the tuberculosis clinic for advice. She decided to transfer there, since it was nearer to her home, and she had to take the baby with her to the clinic since she had no one with whom to leave him. She had had a post partum examination.

In Summary:

It might be said that 12 percent of the 64 patients had failto continue medical study because of home problems of child care.

Only one patient in this group had had a post partum examination. The fact that arrangement could be made for these patients to enable them to have continued care, indicates the need of individual consideration for each patient.

C. Difficulties Arising Out of Personal Maladjustment to Total Life Situation:-

Thirty-one patients failed to come to the clinic because of finding it difficult to adjust themselves well to the total life situation.

1. Case 34:

This patient is a 23-year old American Negro, mother of two children, who has had a history of tuberculosis, and had been followed, and discharged, by the Concord Street Health Unit. She was known to the social worker in the thoracic clinic during the summer. She was referred to social service because of her emotional distress over her husband's desertion, and because of her dependence upon her mother for economic support.

The social worker found her to be unstable, and unable to make any decisions regarding her problems. She had made three visits to the thoracic clinic, and the doctors had advised her to have a check-up in three months. The social worker had closed her case, but had seen the patient on the street, two weeks ago, prior to her visit to the clinic, and had reminded her of the necessity of having a check-up. She stated, "I didn't know I was sup-

posed to come back. The doctor said I was all right." This is interpreted as being a convenient excuse, as the patient had received clinic follow-up letters, and had been reminded to come back by the social worker. She had not had a post partum examination. This patient appears to be resistive to medical care.

2. Case 35:

This is a 19-year old American woman, who had her first baby, and was six months pregnant. She had had one X-ray, and had failed to have a second one. She stated," I didn't see any point in coming back. I was busy with the baby."

She had not had a post partum examination, and had not made any confinement plans, or arrangement. Her attitude was interpreted as being one of indifference.

3. Case 37:

This patient is an American-born woman of Italian descent,aged 25 years,the mother of two children. She had had two X-rays, but had failed to have a third. She stated, "I didn't feel like it before the baby was born. My feet were swollen. I couldn't ride the cars alone. I'm embarrassed before doctors." She went on to explain that she did not like to undress before men. She could not seem to be able to accept the explanation that doctors were not interested in the patient's body from a personal point of view. She had not had a post partum examination.

It was felt that this woman was prevented from return-

ing to clinic because of her fear of being examined by doctors. Her fear may have been the result of her early training, in regard to modesty, which would be consistant with her cultural background.

4. Case 38:

This is the 20-year old American Negro woman who had had one illegitimate child, two years previously, and, at that time was known to the social worker at the Boston City Hospital.

She had had two X-rays, and had made three visits to the thoracic clinic, but she had failed to return, nor had she made an appointment for a gastric analysis, as advised by the clinic.

At the time of the visit, she was seven-months' pregnant. She said, "I can't come in; haven't anyone to leave the baby with. I know I should. I just moved; don't know anyone in the neighborhood." She was reluctant to let the social worker into the house, and was very much on the defensive during the interview. In answer to any direct question, she replied, "That's none of your business." She did not have a post partum examination. It was felt that this woman only cooperated with the clinic in order to avoid further home visits on the part of the worker. She seemed to wish to conceal some of the facts about her personal

life, and her present pregnancy, from the hospital.

The case was referred for social investigation, as the house seemed inadequate to accomodate the patient and a new baby. She lived in three crowded rooms, with a number of other people. It was impossible to find out just how many people lived there, but there was only one bed; and there were present, at the time of the visit, a man and two children, in addition to the patient's child, and herself. She said they all lived there.

5. Case 39:

This patient is a 36-year old American woman, mother of three children. She had had three X-rays, and had made one visit to the thoracic clinic. She stated," I wasn't able to come in, as I didn't feel well during pregnancy. Now I'm so nervous, all the time, and the neighbors bother me so." She had not had her post partum examination. It was felt that this patient was emotionally unstable, and had not come in before, because of that.

6. Case 40:

This patient is a 28-year old woman, mother of three children. She had been to thoracic clinic, and had had a sputum test, in addition to several X-rays. Her statement was,"The last time I went to chest clinic, the doctor said I was all right. I had two sets of X-rays,

and a sputum test, and the doctor said I was okay. Dr. Badger was standing right there when he said it. The other doctor gave me a prescription for my cough, said I had bronchitis. I came nome feeling like a million dollars that day." This case is described fully in Chapter IV. She did not have a post partum examination. The worker thought she showed an extreme fear of tuberculosis.

7. Case 41:

This patient was 20 years old, and appeared to be rather immature. She had had her baby in the previous year. Her husband was being followed by the health unit as a tuberculosis 'suspect.' She had had two X-rays, and had attended thoracic clinic three times, but both the clinic, and the public health, nurse had been unsuccessful in securing her cooperation, over a period of time long enough to complete her medical study. The day that the social worker visited, the patient had gone to the thoracic clinic, after not having reported for two months.

Her husband explained that she was afraid to have an examination, as "they might find she had tuberculosis, and send her away,-she'd have to leave her baby." As she failed to keep her appointment in the thoracic clinic, the following week, a second home visit was made. She said, "I don't want to come in; I feel all right." She then said, "Once you start going, you have to go all the time. I

think they are experimenting with me." She denied that she had any fear of tuberculosis. She appeared to be much bored with, and quite disinterested in, the worker in her attempts to discuss the situation. She finally agreed to come to the clinic for one month, to give them time there to study her case. She kept her first appointment but, having made a second one, to have a gastric analysis, she failed to keep it. Instead, she sent a letter in which she stated that she did not wish to have her stomach washed out. The physician had spent considerable time in explaining the procedure of gastric analysis to her, and of the necessity on her part for further medical study. She had reported for a post partum examination.

Her resistance to medical care may be due to her fear of tuberculosis.

8. Case 42:

The patient is a 22-year old woman who has just had her first baby. She has had one X-ray, but had failed to keep her second appointment. She said,"I got your letter, but I thought it wasn't necessary after the baby was born. A nurse came to see me about it, about a month ago, and I said I'd go in. She said there might be anything the matter with me, that I might have cancer, heart trouble .... I mean to come every Wednesday, and then Wednesday goes by, and I don't come."She seemed to be apprehensive of having cancer. She did not

have a post partum examination.

9. Case 43:

This patient is 23 years old. She and her child are dependent upon her parents for support. She had had two X-rays and had made one visit to the thoracic clinic, but had failed to return. She said,"Yes, I got a letter, but, on the outside, it said it was from the heart station, and there's nothing wrong with my heart. Look at me! Do I look sick?" She is a very obese woman. After the purpose of the clinic had been explained to her, she had consulted her family doctor, who had assured her that there was nothing the matter with her.

The patient's mother, who was present during the interview, explained that the family did not go to the doctor regularly. She thought it would be advisable for her daughter to have a check-up, therefore an appointment was made for her. The patient failed to keep this appointment, nor did she respond to a letter sent by worker. A second visit to the home was made, and the patient said that she had gone to the family doctor, and was all right. She reported for post partum examination.

It is felt that this woman was expressing fear of disease, and it is questionable whether or not she ever did consult her family physician.

10. Case 44:

This patient was 23 years old, and had just had her first baby. She had had one X-ray, but had failed to have the second one. She stated,"I feel all right. I don't need another chest plate." In response to the interviewer's explanation of the preventive aspects of having a second X-ray, she again said that she was all right. She had not had a post partum examination. This patient seemed to be expressing anxiety over her condition through the defensive attitude she adopted toward further medical study.

11. Case 45:

This patient is a 32-year old Irish woman,mother of five children. She has had one X-ray, but had failed to return for a second one. She said,"I can't come in. I have to watch these kids. Besides, my husband told me to stay away from these hospitals and social workers."

Her attitude toward the hospital was antagonistic. She went on to explain that they had had a WPA housekeeper while she was away at the hospital for delivery, and that the housekeeper had reported that her husband drank. This had caused them a great deal of trouble. She and her husband had decided to treat their own, and their children's illnesses themselves,hereafter,should they become sick. At the time of the visit, one of the children had an eruption on her face that looked like impetigo. The patient was treat-

ing this with a salve she had got at the drug store. She was very bitter about her husband's small salary, of $15.00 per week. Her complaints about the lack of money, and regarding their inadequate housing, were numerous. She blamed her husband for her inability to come to the hospital, saying that he was one of those men who expect you to keep going, "till you die on your feet." This family had been known to the following social agencies: Public Welfare (three different times), the Salvation Army, the Family Welfare, the Catholic Charitable Bureau, the Community Health Association, and the Boston Lying-In Hospital. The patient had not had a post partum examination.

This woman appeared to be expressing an antagonism, and a hostility, toward all social agencies and hospitals, which may have been due to some previous experience she had had with one or other type of organization. Placing the blame upon her husband may have been an expression of her sense of guilt that she,herself, has about the situation. This family, later on, may present a serious problem, especially if the five children should lack medical care.

12. Case 46:

This patient is 21 years of age, and has just had her first baby. She and her husband,with the baby, lived with her mother, who assumed responsibility for the care of the baby while the patient worked in a rubber factory.

As her husband was employed, it was not financially necessary for her to work. She said, "I did not understand that I needed to come to the clinic. My husband talked to the doctor in the hospital, and he said they X-rayed me because of my heart, and that it was all right. Then I got a letter from the heart station, asking me to come in. I was working so that I could not come."

She had not had a post partum examination.

Although this patient was confused by medical interpretation, it was felt that her failure to continue medical study was due not so much to her confusion as to her resistance to medical care. She appeared to be most apprehensive about her health.

13. Case 47:

This patient is a 23-year old woman, who has just had her first baby. She failed to have an X-ray at the time of her prenatal examination, although she had been given a requisition, with instructions. For this reason, she received two follow-up letters, previous to her delivery, and three more after it. She had not responded to any of the letters, and she said," I didn't know I had to have an X-ray." She had not had a post partum examination.

It was felt that this patient is very resistive to medical care, as the follow-up letters were not returned, although she had not moved. The patient agreed to come in to have an X-ray, following worker's visit, but she failed to do so.

14. Case 48:

The patient was 24 years old, and had three children, whose ages were, respectively: four years, two years, and a four-months old baby. She had had one X-ray, but had failed to have a second one. She said, "I can't come in; I can't leave the children. I know I'm okay." The call was made at nine-thirty in the morning, the patient was still in bed, the house was cold, and the children, not yet dressed, were complaining of being hungry. She explained that she had been to a dance, the night before, and was too tired to get up. The worker discussed the need of having another X-ray, and she replied that she did not see why the City Hospital kept bothering her. She laughed off any suggestion that she might have tuberculosis.

It was felt that this patient was expressing resistance to medical care by her defensive attitude toward further medical study.

15. Case 49:

This patient was 22 years old, and had just had her first baby. She had had one X-ray, and was supposed to have had a second one, but she said. "I hate to come in. I have started to the gynecological clinic, and then have turned around and came back home. I don't like to be examined."

She had had a post partum examination, following the interview.

This woman seemed to be expressing a fear of three things: of doctors; of being hurt by doctors; and a fear of disease.

16. Case 50:

This patient was 23 years old, and had two children, a girl, aged three years, and a baby, three months old. She had had one X-ray, and she needed to have a second one. She said," The nurse was up, and asked me to come in for an X-ray. I couldn't leave the baby, though I knew it meant a lot to the hospital." She explained that she was nursing the baby, and also that she planned to move in two weeks. It was agreed that she would come in after she was settled in her new home; but she did not come in. After two months had passed, a letter was sent. She replied that she had three deaths in the family, and would come down as soon as things had calmed down. She did not have a post partum examination.

17. Case 51:

This patient was 23 years old, and had just had her first baby. She had had two X-rays, and had made two visits to the thoracic clinic. She stated, "That's very nice of Dr. Badger, but I'm simply not interested. It

is impossible for me to leave the boy; and I feel grand." A drinking party was in progress in the kitchen, but she was unwilling to accept the suggestion that the worker return at a later date, to discuss the matter. She had not had a post partum examination. It was questionable whether or not the patient was concealing something about her personal history from the hospital; although, too, it might have been because, the doctor having questioned her to know if she had tuberculosis, she did not want to return, lest it be found to be true.

18. Case 52:

This woman was a 25-year old mother of three children. She had had three questionable-looking X-rays, and had made one visit to the thoracic clinic. She said,"I couldn't come in, the children were all sick." She had relatives in the neighborhood, however, with whom she could have left the children. The children had not been under medical care. Apparently they now were suffering from minor digestive upsets, and colds. She had not had a post partum examination.

19. Case 53:

This patient was 36 years old, and had been a patient in a state mental hospital for four years. This was previous to her last pregnancy. During the prenatal period

she became disturbed, but was not committed. Her mother, and her husband, always had been responsible for her care as she is too unstable to care for herself. She had had two X-rays, but had failed to get a third. She said, "I didn't know I needed an X-ray." It is questionable whether she could have been made to understand her need of further medical study. At the time of the visit to the home, patient seemed eager to come to the hospital. She then wrote a letter to the worker, saying that she had decided not to come, an attitude consistant with her actions of the past. She seemed to be unable to complete medical study because of her mental instability. Her mother was not contacted, as the family was quarreling, at the time, and her mother had been most non-cooperative with regard to the patient's need of medical care, in the past.

It was impossible to see the husband, as he was in the hospital convalescing from a hernia operation. This woman did not have a post partum examination.

20. Case 54:

This patient is a 22-year old woman, who has made one visit to prenatal clinic, previous to her delivery. She has had one X-ray. She had separated from her husband following delivery. She said, "Gee! It must be important, for them to send somebody out to see me about it." Her baby was sick at the time of the visit, and she felt

much concerned about him. She had not had a post partum examination.

From this woman's conversation, it would seem that she had disregarded the follow-up letters as being not very important. She might be classified as one who is indifferent to medical care.

21. Case 55:

This woman was 36 years old, and had just had her second illegitimate child, at Tewksbury State Infirmary. She was known socially to the Division of Child Welfare. She had returned to Boston to work. She was examined at Boston City Hospital previous to admission to Tewksbury State Infirmary, and the X-rayfinding was questionable. She was contacted by the social worker at the Division of Child Welfare, as it did not seem reasonable for another worker to call upon her at her place of employment. She had not been informed of the necessity of a second X-ray, as the clinic did not know her address.

22. Case 56:-

This patient was 25 years old, and had been diagnosed as a mental defective when she was 14 years old.She had had one X-ray during her prenatal period. At the time of the first home visit, the worker did not find her at home. The necessity of a second X-ray was explained to her husband, who said he would have her come in during the

following week. He appeared to be dull mentally, and did not seem to understand the medical interpretation. His wife failed to come in. At the second home visit, patient with her dress on backwards, was out sweeping the yard. She said "I don't like hospitals! I feel all right." She finally agreed to come in, but said in a firm voice, "I won't come more than once!" This woman had not had a post partum examination.

This patient, the worker felt, was unable to come in because of her lack of understanding of the necessity for medical study. Interpretation was impossible, because of her mental deficiency. Fortunately she did come in, once, and the second X-ray proved to be negative, so that further medical study was unnecessary.

23. Case 57:

This patient, who was 26 years old, had had two X-rays, but had failed to return for a check-up after her delivery, although she had been told to come in in three months. She said, "I go to my own doctor." She then explained that she had signed out of the hospital against advice, and had been under the care of a private physician since then, as she had been dissatisfied with the services at the hospital. She remarked, in a rather defensive manner, "My doctor don't think there is anything wrong with my chest."

24. Cases 58 through 64:

Each of these seven cases had had one X-ray. Each one stated that she had not been informed of the necessity of having another X-ray, and each denied having received the follow-up letters. Only two of these seven women had had post partum examinations.

It appears that the negative attitude of these women in ignoring their follow-up letters, would indicate that they were resistive to medical care.

In Table VII, it will be seen why these 31 patients did not complete their medical care.

TABLE VII.

REASONS GIVEN WHY 31 PATIENTS, IN CATEGORY THREE, DID NOT COMPLETE THEIR MEDICAL CARE.

Reason for failure to complete care.	No. of patients.
Anxiety(expressed by fear, or resistance)....	24
Indifference	3
Personality defect	4
TOTAL	31

The meanings of the above classifications have been illustrated by the case material, as it was applied to individuals.

It is significant that 49 percent of the patients failed to

complete their medical study because of the reasons which are shown in Table VII.

These patients' reactions to medical study are indicative of their reactions to other life situations. The 24 patients, for instance, who expressed anxiety over medical study, might be helped by intensive medical social study. It is questionable whether the patients who failed to complete medical study because of indifference, or by reason of personality defects, could be helped by further medical social study.

However, if these 24 patients could be studied intensively, it might help each one to make better adjustment to his life situations. The important thing to remember, is the need of considering the anxiety, the fear, or the resistive reaction, as part of the patient's emotional reaction, or response, to his life experience, rather than as a specific anxiety about disease, or medical care, as unrelated to other experiences. Irene Grant stresses this point in an article on social work with tuberculosis patients.[5] She emphasizes the necessity of considering the patient's expressed fear of tuberculosis, in relation to his total life situation, in order to be able to understand why such a fear should be expressed.

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5 Irene Grant, "Social Work with Tuberculosis Patients", The Family, 13: 190-198, October, 1932.

CHAPTER IV.

EMOTIONAL PROBLEMS AS A DETERRENT IN ACCEPTANCE OF MEDICAL CARE.

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EMOTIONAL PROBLEMS AS A DETERRENT IN ACCEPTANCE OF MEDICAL CARE

Because the patients included in Category three (see Chapter III) present such complex problems, one case is recorded fully, as an illustration to show how emotional reactions act as deterrents to acceptance of medical care.

Case 40 was selected as being illustrative of an extreme fear of tuberculosis. This woman was 28 years old, She was the mother of four children, whose ages ranged from seven years to four months. Her husband was employed as a telegraph operator, who earned $29.63 a week. The family lived on the first floor of a two-family house. They had a four room tenement, but were able to use only two of the rooms in winter, due to poor heating arrangements.

The woman applied for prenatal care in the third month of pregnancy, and was regular in her attendance at the prenatal clinic. An X-ray of her chest, taken at the time of her first prenatal visit, was questionable. She reported for consultation in the thoracic clinic in the fourth month of pregnancy, when a second X-ray was taken. Her next visit to the thoracic clinic was in the fifth month of pregnancy. She then was told that her second X-ray was all right, that her sputum was negative, and that she had bronchitis. She was advised to

return in one month for another examination, but she failed to return. In response to a follow-up letter, after she had been delivered, her husband replied that she was having trouble with her teeth, and could not come in. She did not answer a second follow-up letter, sent one month later. A home visit was made four months after her delivery. The interview was as follows:

Worker: Mrs. Jones?

Mrs. J. Yes!

Worker: May I come in, I am Mrs. Patton from the hospital.

Mrs. J. Yes, - what hospital?

Worker: The City Hospital. (Walks into the house, and is invited to come into the kitchen where it is comfortable. A neighbor, Mrs. Smith, is there and makes no effort to go. She seems to be very friendly with Mrs. Jones, and to know all about her.) Dr. Badger asked me to come to see you,and ask you to return to the thoracic clinic. We got your letter ,last summer, and were sorry that you were unable to come in.

Mrs. J. (In a rather irritated tone.) Why do I have to go back there?

Worker: The doctor wants you to have another examination of your chest.

Mrs. J. That's what you said in the letter, and I don't see how that can be. The last time I went to chest clinic, the doctor said I was all right. I had two sets of X-rays, and a sputum test, and the doctor said it was okay. Dr. Badger was standing right there when he said it. The other doctor gave me a prescription for my cough,said I had bronchitis. Want to see the prescription? I came home that day Feeling like a million dollars. (To neighbor)Don't you remember I told you the doctor said I didn't have to go back?

Worker: I realize it is confusing for you to be told your X-ray was all right, and then to be advised to have another examination; but it is sometimes impossible to make a definite diagnosis from two X-rays. The doctor wants to be sure you are all right. It is a preventive measure.

Mrs.J. There isn't anything wrong with me.

Worker: No, there probably isn't. But there was a question of a lung condition, and don't you think it would be better to be sure? We are doing this as a preventive measure, and as a protection to you and your family. You know every prenatal patient has an X-ray to find out if she has tuberculosis, as tuberculosis may be present in your lungs, and you may know nothing about it. You feel all right, and have no cough. If you should have it, you would want to be treated for it before it developed to the stage where there isn't anything to do about it. You wouldn't want to expose the rest of the family to it, would you? The reason we are X-raying the mothers is to protect the young children, as they seem to get it more than do older children. The older people build up a resistance to it.

Mrs. J. I don't know about the City Hospital. Some people get good care, others don't. The prenatal care is fine, but I don't like some of the other doctors.

Worker: The hospital tries to give every one the best possible care. You know it may seem that people don't get good care when they really do, if you judge it from whether they get well. Not all diseases can be cured.

Mrs. J. (Then bursts into tears, and sobs for a few minutes.) I'll go twice, but no more; and I'll tell that doctor a thing or two. I've lost eight pounds since the baby was born. He's been sick, and I've been up nights with him, that's the reason. I only gained twenty-eight pounds while I was carrying him. I had gall bladder trouble. I will go to clinic once, and that's all, and if you try to put me away, I'll committ suicide!

(At that point, the neighbor interrupts the conversation to say that her husband died of tuberculosis at Waltham Sanatorium. Her children are checked at the health unit, and what a wonderful thing she thinks it is that all the preventive work is being done.)

Worker: Now, Mrs. Smith, I don't think we ought to be scaring Mrs. Jones about tuberculosis. She is probably all right. Just because I am asking you to come in, Mrs. Jones, doesn't mean that we want to put you away. It is only the active cases of tuberculosis that go to a Sanatorium for treatment. There was just a question, in your case, and it may not mean anything. All of us have been exposed to tuberculosis, at one time or another, in our lives, and our X-rays show markings of that. We know how important it is for you to stay at home with your family, and how much they mean to you. You seem to be rather afraid of having an X-ray, and, instead of going on having that fear, why don't you have the X-ray, and then you will be sure, one way or another. You have enough things to worry you without that. Have you ever been exposed -- that is -- around anyone who had tuberculosis?

Mrs. J. No, not that I know of. Is it compulsory? Can you force me to go?

Worker: No, I wouldn't try to force you to go. I don't believe in that. You are an adult woman, and know enough what you want to do. If you have an understanding of the meaning of having an X-ray, and know that we are doing it as a preventive thing, then it's up to you.

Mrs. J. Well, you said in the letter if I didn't cooperate, it would be necessary for you to force me to.

Worker: I didn't write the letter, so I don't know what was in it. I believe it was written by the clinic secretary who is not a social worker. She didn't intend to make you feel that way; it was just that the clinic felt it was important for you to come in.

Mrs. J. Oh, she wasn't a social worker? Yes, I see what you mean. Social workers understand people better. They go and see them, and know how to talk to them.

Worker: Did you ever go for your post-partum check-up?

Mrs. J. No, I went, but I didn't stay to be examined. I got 'cold feet.' I don't like to be examined.

Worker: Yes, I know it is hard. I don't like it either, but I do it when it is necessary, as I like to know if there is anything wrong with me.

Mrs. J. Another reason I haven't been in, is on account of my teeth. I have had two abscesses on my back teeth, and my jaw has been swollen. I went to a dentist, and he couldn't do anything until it went down. He said I needed to have my teeth pulled, as the calcium was all gone on account of the last baby. I can't have it done, as it would cost $85.00.

Worker: Perhaps we could help you with your teeth.

Mrs. J. I wouldn't want to do anything about them before Spring. It wouldn't be so hard to leave the baby then.

Worker: Well, why don't you come in when you get ready, and speak with Miss Mulhern?

Mrs. J. Another thing, I have colds, all the time, as this house is damp and cold. The kitchen floor swells in damp weather, and there is a foul odor from the cellar. Our garbage is out in the back yard, as the landlord won't provide cans for it. I wanted to get into the housing project, and I was promised that I would get in by October first. I went down to find out about it, and they said I would have to wait until Spring. If I stay here another winter, I'll be sick. When it is cold, we have to live in three rooms, and that isn't right for six people. Miss Mulhern wrote me a letter and saif if I didn't get in, to come and see her.

Worker: You certainly do have your problems. I will speak to Miss Mulhern about the housing business.

(At this point, Mrs. Jones who had been becoming more friendly as the interview progressed, arranged to come to the clinic in the following week.)

In this interview, the patient expresses her anxiety lest she have tuberculosis. It was evident from the irritable tone of voice in which she greeted the interviewer; and in the fact that she cried, when the return to the hospital was mentioned. She was obviously relieved by the dotor's diagnosis of bronchitis, and showed this by saying that "she felt like a million dollars when she came home."

The diagnosis gave her the reassurance which she needed. This

need of reassurance is emphasized by the way in which she clung to it, and ignored the second follow-up letter. She expresses concern for her health, but because she is unable to accept medical study, she explains that her frequent colds are caused by the dampness of her house.

Mrs, Jones reported to the clinic, and appeared to be in pleasant frame of mind when she was weighed by the clinic nurse. However, when she was called in by the interne, in clinic she became very angry, refused to be examined, and said she did not know what she was there for. Then she walked out. (This report was given by the clinic secretary.)

A letter was sent to the patient, asking her what had happened in clinic. She replied that she had "been denied her rights," that she could not explain in a letter. She made an appointment to see Worker at the hospital, then failed to keep her appointment. A second home visit was made, and the interview was as follows:

(Mrs. Jones greets the social worker in a very friendly manner, at the door. Her salutation,"Hello", indicates that she is glad to see the worker.)

Mrs. J. Come in. I'm glad to see you. I've been expecting you out every day since I wrote to you.

Worker: I came out to see what happened the day you came in to clinic?

Mrs. J. Oh! I felt badly about that, and didn't know what to do. You know, I went in expecting to see Dr. Badger. When I got there, I waited till three o'clock, and this young doctor called me in. He started to examine me, and I told him I wanted to see Dr. Badger. He told me I couldn't see him; he was too busy. Then words seemed to fly: I got mad, and he got mad. You know, there's something funny

about me -- I can't stand to have a younger man than me examine me. You might not believe it, but my husband has never seen me undressed,- I always go into another room. I know It's silly. It's the way I was brought up. Well, I told the young doctor that, of course. I explained that it was no reflection on him. He said if I felt that way, I'd better leave. I said to myself,"You'd better get out of here!"(You know, I have a terrible temper -- I was afraid I'd start cussin', and I didn't want to do that!) So, I left. I thought afterwards I should have gone in to see that social worker, there. I was so mad, I left my card, and everything. John was furious because I didn't get my rights -- said I should have insisted on them."

Worker: Why do you suppose you felt that way? What happened when you were young?

Mrs. J. It's the way I was brought up. It's funny; I don't mind it when I have a baby, but can't stand it any other time.

Worker: You know, the doctors aren't interested in the looks of people's bodies, or concerned about them, except for their relationship to the person's illness. They want to know what's going on inside your body. Some of the people I talk to prefer older doctors, and others say they like young ones.

Mrs. J. Well, I prefer older doctors. Our family doctor is nice, but he doesn't take X-rays. Then I did have a nice doctor, five years ago, when I had pyelitis, but he doesn't take X-rays either. And besides, it costs so much. If you have the cash, you can do anything; that's the way it goes.

Worker: I'm sorry I didn't see you on November 29th, when you wrote me that you'd see me in clinic.

Mrs. J. Oh yes; I forgot that that was the day before Thanksgiving, when I wrote you. I was so busy I just couldn't get in. That's why I've been expecting you out. Have you been here before?

Worker: No, I'm sorry. I've been so busy I didn't have a chance to come out. My main reason for coming to-day, was to see how you've been feeling, and to ask you what you wanted to do about your chest X-rays.

Mrs. J. I've been feeling awful. I've had two colds since you were here, one right after the other. It's from

my sinus's, and this house. This house is awful cold. You see how it is. I went down to see the Housing people, on Friday -- I asked to see the head man when that woman wouldn't give me any satisfaction. She said I'd have to come back another day. That's the first time I've been out in months. She said she'd send another investigator out; I had three, already.

Worker: Have you lost any more weight?

Mrs. J. I don't know. Say, you know you asked me a funny question, when you were here the last time, 'If I'd ever been around anybody with tuberculosis?' I said 'No.' Well, I have! My girl friend, the girl I was raised with since I was seven years old, goes to the health unit. She doesn't have tuberculosis, she has fluid on her chest. I told her about you, and she said you've probably got it, too." (She hastily explained that her friend said this in a joking way.) "Do you think I might have caught the germ from her? You see, with my sinus trouble, it might be easier for me to get it than most people."

(Mrs. J. then decides to give some stew to her three-year-old son, as he complains of pains in his stomach, which she claims are "hunger pains.")

Mrs. J. I just don't know what to do? What should I do?

Worker: I think you should have this check-up on your lungs. If you don't feel like returning to our clinic after your experience, the last visit, you could go to another clinic, or to the health unit. We would be glad to have you come in to our clinic, but I can't say what doctor you'd see.

Mrs. J. Maybe I could go to the health clinic with my girl friend. She has to go back soon, and I know the clinic nurse. Could they get the X-ray reports from you people?

Worker: Surely. We would be glad to send them. I wonder if you haven't come in because you were afraid to?

Mrs. J. No, I was not afraid. I want to know if anything is wrong. John said the other day I'd have to do something -- having these colds, all the time, and feeling so dragged out! Maybe, I will go to the health unit and tell them about me being with the girl friend all of the time, and having you people interested in me.

(Just then, the two older children come home from school for their noon-day lunch. Mrs. J. greets them briefly, and starts discussing the war. The children all stand around in the kitchen, and appear eager to eat:)

Worker: Perhaps I'd better go; you want to give the children their lunch. Mrs. J., I am going to leave this thing up to you. You know you need a check-up, and you know you can come back to our hospital, or go to the health unit.

Mrs. J. I think I'll go to the health unit. Why don't you stay awhile? The kids aren't in a hurry. (She then goes on to discuss the war situation. The worker left, as it was impossible to continue a discussion of medical problems with the kitchen in such a state of commotion.)

It would seem as if this patient had repressed her feelings of anxiety about her medical problems to such an extent that she was unable to discuss them. She changed the topic of conversation at every opportunity. This looked as though she were unable to face her situation, and did not wish to discuss it.

The embarrassment expressed by the patient, in regard to medical examination by doctors, has been encountered in other women, and it may be a deep-seated conflict from an early sexual experience, or training. Or, it may be that she uses this form of defense mechanism as a rationalization for her fear of tuberculosis. But it seems more likely that a combination of the two factors influence her whole attitude toward medical care.

If Mrs. Jones could be followed long enough, she might gain courage to discuss her problems, and thus work out some

of her repressed feelings, or, she might require psychiatric help. She expresses a feeling of insecurity by demandin attention from the head worker, when she goes to do something about her problem. Both patient and her husband are concerned about her health, so that her husband may be able to influence her to do something about her medical problems. It seems doubtful that she will do this of her own accord. If she could be moved into a housing project so as to find out for herself that her health does not improve, that would be an objective way of helping her to face her situation.

This case illustrates the way that some individuals feel toward medical care, and it also shows how much is involved for them when they have to have an examination, or an X-ray. It shows, too, how unfair it is,on the part of the medical worker, to take it for granted that patients are not interested in following out medical recommendations. In this case, as in others, the patient was not able to accept medical care because of her emotional reactions to the total situation.

The negative responses of some patients toward medical care may arise from their emotional reactions to the situation, and it may be their mode of expressing such feelings.

CHAPTER V.

SUMMARY AND CONCLUSIONS.

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This study was undertaken with two purposes in mind: Dr. Theodore L. Badger had requested help in securing cooperation of 71 patients who had prematurely discontinued medical study, and an evaluation is made of the value of personal interview by a medical social worker in securing the cooperation of these patients; and the second purpose of the study was an evaluation of the reasons these patients gave for their discontnuance, prematurely, of medical study.

A. Evaluation of Personal Interview in Securing Cooperation:

Because seven of these 71 patients could not be located, the following evaluation has been based upon 64 cases. Results of the interviews in terms of resumption of medical study are shown in Table VIII.

TABLE VIII.

RESPONSE TO PERSONAL INTERVIEWS.

Response to interviews.	No. of Patients.	Per cent of Patients.
Returned to hospital for further medical study.....	36	56
Failed to return to hospital for further study	28	44
TOTALS.....	64	100

TABLE IX.

PATIENTS WHO FAILED TO RESUME STUDY.

Reason.	No. of patients.	Percentage of patients.
Under medical care, other than at hospital indicated	5	8
Failure to secure cooperation	23	36
TOTALS	28	44

According to Table VIII, (Tables VIII and IX to be discussed as one), 56 percent of the group returned. The fact that they resumed medical study, immediately following the interview, is no indication that they will complete the study. It is obvious that the medical social work was not as effective as it might have been had a longer period of contact been maintained with each patient. According to Table IX, eight percent of the group was under observation by other clinics and physicians. Thirty-six percent of the patients failed to resume medical study. Of this group, two women flatly refused further medical study, and the remaining 21 agreed to continue, but failed to keep the appointments given.

Other studies found in the literature which was read could not be compared with this study because of their differences. The similarity of purpose, and of method, in the two studies used, is compared with the present study, and the findings are recorded.

Pugh, Stokes, Brown and Cornell made a study of 279 syphilitic patients, in the skin clinic of the Philadelphia General Hospital.[6] Their purpose was to find out how effective personal interviews were in securing cooperation of the patients, as well as to determine the reasons for discontinuance of medical study. This study differed from the present one, as to (1) locale; (2) number of patients; (3) the fact that diagnosis and treatment had been established; (4) the fact that the follow-up visit was made within one month after the patient had discontinued medical care; and (5) the type of medical problem dealt with. The reasons for discontinuance of care, and the percentage of patients, is shown in Table X.

TABLE X

SYPHILIS PATIENTS

REASONS FOR DISCONTINUING MEDICAL CARE, AND THE PERCENTAGE OF PATIENTS

Reasons	Percentage of Patients
Financial reasons for non-attendance	24.3
Insufficient staff-patient contacts	21.6
Inevitable, but temporary, reasons: Illness, etc.	17.9
Permanently-inevitable reasons, as moving, etc.	13.9
Reaction to treatment, as reasons	11.2
Ignorance, or frailty, of patient	11.2
Total	100.1

6 Jonathan Pugh, John B. Stokes, Louise A. Brown, and Dorothy Cornell. "A Study Based on Personal Follow-Up Results In a Syphilis Clinic," American Journal of Syphilis, 14: 438-450.

Sixty-four of their patients returned for further medical care. They felt that the chief reasons for discontinuance, were: (1) cost; (2) inconvenience of hours; (3) reaction to treatment. None of these reasons were of significance in the present study.

Gray and Curtis made a study of diabetic patients in the medical clinic of Stanford University Hospital.[7] They tried to find out how cooperative these patients were in continuing medical care. They studied 254 patients, and followed them for a period of one year. These patients missed 477 appointments, and were contacted by telephone and by postcards. Eighty-one failed to respons to impersonal follow-up, and home visits were made by the clinic nurse. This differs from the present study, and to the one previously referred to, in: (1) locale; (2) number of patients involved; (3) period of contact; (4) type of medical problem involved; and (5) that the personal visit was made by a nurse.

The reasons for the discontinuance of treatment will be seen in Table XI.

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7 Horace Gray and Margaret Curtis, "Lost Patients From An Out-Patient Clinic", The Journal of the American Medical Association , 13; 1037-1038, September, 1939.

TABLE XI

REASONS WHY DIABETIC PATIENTS DISCONTINUED MEDICAL CARE.

Reasons.	No. of patients.
Moved, no address	14
Moved out of town	5
Not found in	14
Transferred to another physician, or clinic ...	4
Dead	3
Declined, because felt well	1
Declined, because of grievance	1
Promised to return, but did not	15
TOTAL	57

Twenty-two percent of their patients returned, following a personal visit.

It is interesting to compare the results of these studies, and to note the percentage of patients who responded well to the personal interview, although, as has been pointed out, direct comparisons of the studies have not been feasible, due to their differences. Table XII, of this study, indicates the percentage of those who resumed medical care.

TABLE XII

PERCENTAGE OF PATIENTS IN THREE STUDIES WHO RESUMED MEDICAL CARE.

Patients.	Hospital.	Percent.
Syphilis	Philadelphia General	64
Prenatal tuberculosis suspects	Boston City	56
Diabetic	Stanford University	22

The results of the present study would seem to indicate that personal follow-up is effective in securing cooperation of patients who have discontinued medical care.

B. Evaluation of Factors Which Entered Into Discontinuance of Medical Study:

The reasons given by these patients for discontinuing medical care have been classified in a previous chapter, under three categories. The same categories will be utilized in the following discussion.

1. Difficulties Arising Out of Hospital-Patient Situation:-

The most frequent, and obvious, difficulty is the patient's failure to understand the purpose of the study. These women applied for medical care because they were pregnant. They were not concerned about their lungs. Many of them regarded the X-ray examination as a routine procedure in prenatal care, and attached no special importance to it. Others were confused by the complexity of the hospital routine.

It would seem as if some of these difficulties could have been avoided by:

a. Adequate interpretation of the hospital's plan for patient's care, preferably at the time when study was initiated.

b. Closer coordination between the house and the out-patient departments of the hospital, especially with regard to the filing of laboratory reports in records.

The value of personal interview is demonstrated by the fact that 14 of the 25 patients, coming under this category, resumed medical study. It probably would have been easier to secure cooperation if the patients had been interviewed at

the time of their first hospital visit, or soon after their first missed appointment, rather than several months later, when they had become interested in other things, and were no longer particularly concerned about their health.

2. Difficulties Arising Out of Pressure of Home Responsibilities:-

Eight patients failed to continue medical study because of reasons which may be classified under this category. These women had at least one child to care for, and were unable to keep the appointment given by the hospital in the follow-up letter. Special appointments were arranged for each of these patients.

The fact that four of these patients returned for further study indicates that individualization was important. It is probable that others would have responded if further social work could have been done. Therefore, it may be concluded, most of the cases coming under this category may be aided by a social service contact.

3. Difficulties Arising Out of Personal Maladjustment to Total Life Situation:-

The problems involved in this category were so individualized that it is difficult to classify them. The behavior of this group of patients, in this particular situation, was indicative of their usual way of meeting life situations. The majority of them were unable to face the reality of the given situation, and made their escape by means of various mechanisms, and rationalizations. Eighteen

of the 21 patients, in this category, resumed medical study. However, the personal problems were left unsolved, and it would seem questionable whether these women will complete medical study without further social work.

C. Conclusions:-

The findings of this study would seem to indicate that -

1. The personal interview is effective as a means of securing the patient's cooperation in medical care.
2. Certain of the factors affecting discontinuance of medical care were controllable, or are controllable, by the hospital.
3. A given number of patients have such sufficiently severe, personal problems as to make it almost impossible for them to "move along" with their medical care. For this group medical social work is indicated.

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BIBLIOGRAPHY

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APPENDIX.

INSTRUCTIONS FOR SCHEDULE

Section I:

All of the items in this section, with the exception of numbers 12, and 14, can be filled out from the information on cards in prenatal clinic, which were made out when the patient applied for prenatal clinic.

Items two and six:-

Note the ages of patient, and of her husband, at the time of her application for care.

Items three and seven:-

B.P. means birthplace. Note city and state, or foreign country.

Item eight:-

Note occupation of husband; if it is found to be changed at the time of personal interview, it should be changed here,also.

Items nine and 10:-

"Number of children" refers to number previous to present delivery; ages should be noted, as they were at the time of mother's application. B.P., note whether children were born in the hospital, or in the home.

Item 12:-

Write in record number of social record on patient, or her family. If the social service index reports a registration by the Boston City Hospital, check file in main social

service office for number and record. If space be left blank it shows that the family was not known to social service.

Item 13:-

Write in the out-patient medical record number of the patient, which will be found recorded on the card in prenatal clinic.

Item 14:-

Write in the hospital medical record number, which may be secured from the card in prenatal clinic files.

Section 11:

All items will be filled out at the time of the personal interview, with the exception of Item 23, which will be filled out previous to time of home visit, from information received from the Social Service Index. Write in each agency under proper category. Health agencies include physical and mental health.

Items 15, 16, and 17:-

Refer to economic status, and rent, at the time of personal interview; note amount. For number 16, write private or public, or, if receiving relief, write in kind of relief, such as: A.D.C., or B.P.W.

Item 21:-

Write "Yes", if the family have a separate bathroom, with toilet and bath tub; write "No", if family share bathroom with other people, or if they have only one toilet.

Item 22:-

Describe type of home. Apartment is one which has central heating; other types are: tenement, three-family house, single house, room in lodging-house.

Note state of repair - whether poor, fair, or good.

Poor - refers to a dwelling in which the lack of repairs inconveniences the family,- such as, a broken window in winter, which interferes with heating.

Fair - refers to a dwelling which may need external repairs, although the lack of repairs does not inconvenience the family, as for example: a house which needs painting on the outside.

Good - refers to a dwelling in good state of repair, both externally and internally.

Section III:

Information can be secured from the out-patient medical records, with the exception of items 28 and 30.

Item 22:-

Write in date of first examination in prenatal clinic.

Item 23:

Write in estimated date of confinement, as made by physician at the time of the first examination.

Item 24;-

Write date of actual delivery.

Item 25:-

Write "Yes", if patient had an examination, and "No",if

she failed to have that done.

Item 26:-

Write any medical diagnosis, or condition, noted during prenatal period, by physician in that clinic. An example would be: nephritis.

Item 27:-

Note whether or not the patient attended clinic regularly, or if she missed appointments.

Item 28:-

Note which member of family had tuberculosis; write "No", if no history is given by the patient at the time of personal interview, or if none is recorded in the medical outpatient record.

Item 29:-

Note number of chest plates patient has had; number of visits to thoracic clinic; also, any diagnoses, or recommendations, which have been made.

Item 30:-

Secure information from Dr. Badger's secretary.

Section IV:

This is to be filled out as soon as possible after the personal interview.

Item 31:-

Record patient's reasons for discontinuance of medical care - as nearly verbatim as possible.

Items 32 and 33:-

Note any remarks made by patient, plus judgment of interviewer.

Item 34:

Note any information secured in the interview which would be of assistance in analyzing the patient's statements.

TUBERCULOSIS PREGNANCY STUDY

October 1941.

Special Data.

12. S.S.
13. O.
14. H.

Section I:

1. Name: 2.Age: 3. Birthplace:

4. Address:

5. Husband: 6.Age. 7. B.P.
8. Occupation:

9. Children: 10.Ages

11. B.P.

Section II:

15. Weekly Income: 16.Source: 17. Weekly Rent:

18. No.of Rooms: 19.No.of Adults: 20.No.of Children:
21.Bathroom:

22. Description:

23. S.S.Index:
Public Asst. Family. Child Care Protective.

Section III:

24. 1st v. to Pre.Cl: 25. Medical Data
conf.due: 26.delivery:

27. Post Partum Exam: 28. Complications:

29. Remarks:

30. Fam.Hist.tbc:

31. Present Status Study:

32. Next Step:

REASON FOR DISCONTINUING STUDY

Section IV:

33. Patients's statement.

34. Attitude toward tbc.

35. Attitude toward hosp.

36. Remarks:-